



## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/828,504 <b>Filing Date</b> April 21, 2004 <b>First Named Inventor</b> John SCHEIRS, et al. <b>Group Art Unit</b> 1733 <b>Confirmation No.</b> 4310  <b>Total Number of Pages in This Submission</b> _____
		<b>Attorney Docket Number</b> 743414-15

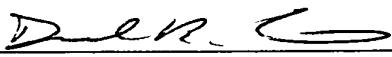
### ENCLOSURES (check all that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input checked="" type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____ |
|---|--|--|

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Donald R. Studebaker-Reg. No. 32,815 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
<b>Signature</b>	
<b>Date</b>	December 22, 2004

12/27/2004 HGUTEM01 00000016 10828504

01 FC:1001 90.00 DA  
02 FC:1202 5250.00 DA  
03 FC:1201 200.00 DA  
04 FC:1051 130.00 DA  
05 FC:1203 360.00 DA  
06 FC:1254 1590.00 DA

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL FOR FEE 2005

Complete if Known	
Application Number	10/828,504
Filing Date	April 21, 2004
First Named Inventor	John SCHEIRS, et al.
Confirmation No.	4310
TOTAL AMOUNT OF PAYMENT <i>DEC 22 2004</i>	\$6,940.00
Art Unit	1733
Attorney Docket No.	743414-15

## METHOD OF PAYMENT (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number: 19-2380   Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)    Credit any overpayments  
under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$1000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180
Total Claims	Extra Claims	Fee (\$)
125	- 20 or HP =	105 x \$50 = \$5,250.00
Indep. Claims	Extra Claims	Fee (\$)
4	- 3 or HP =	1 x \$200 = \$200.00

HP = highest number of total claims paid for, if greater than 20

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 = (round up to a whole number)	x	=

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)      \$130.00

Other: \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. 32,815 (Attorney/Agent)	Telephone (202) 585-8000
Name (Print/Type)	Donald R. Studebaker		Date December 22, 2004

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



UNITED STATES PATENT AND TRADEMARK OFFICE

FCC  
UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/828,504	04/21/2004	John Scheirs	743414-15

22204  
NIXON PEABODY, LLP  
401 9TH STREET, NW  
SUITE 900  
WASHINGTON, DC 20004-2128



**CONFIRMATION NO. 4310**  
**FORMALITIES LETTER**



\*OC000000013107497\*

Date Mailed: 06/30/2004

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

12/27/2004 HGUTEMA1 00000016 192380 10828504

**FILED UNDER 37 CFR 1.53(b)**

12/27/2004 HGUTEMA1 00000016 10828504

01 FC:1001	790.00 DA
02 FC:1202	5250.00 DA
03 FC:1201	200.00 DA
04 FC:1051	130.00 DA
05 FC:1203	160.00 DA
06 FC:1254	1590.00 DA

**Filing Date Granted**

01 FC:1001	790.00 DA
02 FC:1202	5250.00 DA
03 FC:1201	200.00 DA
04 FC:1051	130.00 DA
05 FC:1203	360.00 DA
06 FC:1254	1590.00 DA

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$1654** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$2554** for a Large Entity

- \$770** Statutory basic filing fee.
- \$130** Late oath or declaration Surcharge.

- Total additional claim fee(s) for this application is **\$1654**

- **\$86** for 1 independent claims over 3.
- **\$1278** for 71 total claims over 20.
- **\$290** for multiple dependent claim surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

---

*A copy of this notice **MUST** be returned with the reply.*

*Mezo W*  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE